CCCS Suicide Prevention Plan and Procedures

December 2022

Table of Contents

Introduction

Schools play a major role in the prevention of suicide for school age youth. The U.S. Surgeon General promoted the adoption of suicide prevention protocols by local school districts. Additionally, the Oregon State Legislature passed Senate Bill 52 also known as Adi's Act requiring districts to adopt policies, develop, and implement plans for suicide prevention, intervention, and post crisis response.

This plan provides specific information to staff, students and our community on how we will work to build a positive culture, prevent suicide, intervene when necessary, and respond in the event of a crisis. This is a living document and will be revisited each year by the members of the Crisis Response Team (executive director, dean of student services, counselor, and consultants).

Our schools all have strengths and resources unique to the school context and student needs. The intent of this plan is to align our resources and build on our school's strengths.

Quick Notes: What Schools Need To Know

● School staff are frequently considered the first line of contact in reaching students at risk for suicide.
● All school staff are responsible for taking reasonable and prudent actions to help at risk students - NOT providing the in-depth assessment or counseling that a qualified professional provides.
    - Reasonable and prudent actions may consist of notifying parents, making a referral, securing outside assistance, staying with someone until help arrives, etc.
● All school staff share the responsibility of knowing protocols to refer a student at risk of suicide
● Research indicates talking about suicide or asking someone if they feel suicidal or are having thoughts of suicide will NOT put the idea in someone's head
● Peers often know, but do not tell adults, about peers contemplating suicide because they do not know how adults will respond or think they can't help
● School staff, families, and students need to be confident that help is available if/when they raise a concern regarding suicide.
● Even with a comprehensive suicide prevention and intervention plan, not all suicidal behavior can be prevented.
● Advanced planning is critical to provide an effective crisis response that provides internal and external resources to address student issues and normalize the learning environment.

Prevention Focus

Suicide/Self-Harm prevention strategies may include, but are not to be limited to, efforts to promote a positive school climate that enhances students' feelings of connectedness with the school and each other, and is characterized by caring staff and harmonious interrelationships among students. Coburg Community Charter School uses a multi-tiered system of support to provide instruction for Social Emotional and Resilience Skills through core instruction for all, targeted intervention, and intensive support based on the needs of students. Staff meet regularly to discuss student needs, develop additional supports, and implement restorative practices.

Student Health and Wellness Education Program

The school's comprehensive wellness program will promote the healthy mental, emotional, and social development of students including, but not limited to, problem-solving skills, self-awareness, self-regulation, relationships skills, self-esteem, and self-advocacy.

As a community school, awareness of student well-being is of paramount importance. Connection and care is a part of daily practices. Staff proactively builds relationships, including greeting students by name each day, collaborating closely with parents when there are concerns or needs, and building community practices. All efforts are made to treat students with respect and as individuals, including restorative justice and individualized responses for discipline.

Instructional Programs and Materials Available		
Conscious Discipline	self-regulation, problem solving, coping skills, positive class and school community, and resilience	K-8
Second Step Curriculum	self-awareness, self-management, social awareness, relationship skills, responsible decision making	K-8
Sources of Strength	stress management, anxiety, depression, and suicide prevention with adolescent youth	6-8
Mindfulness Classes	focus attention, manage emotions, handle stress, resolve conflicts, and promotes empathy	K-8
Social Thinking Skills	ability to work as part of a group, ability to make and keep friends, self-awareness, social-awareness	K-8
Restorative Justice Practices	collaboration and reintegration, giving attention to the unintended consequences of actions and offering chances for relationship and social repair, empowerment, meaningful dialoguing skill development	K-8
Cisco Umbrella	Safety program is is placed on all devices to detect high risk searches and prevent students from accessing harmful sites.	K-8

The school also draws from community resources to build its practices, get support, and seek expertise. These resources will be drawn on to support parent education as well.

Lane ESD	Lane ESD provides training and supports in SEL resources, suicide prevention, intervention, and postvention	K-8 Staff
Lane County Public Health	Lane County Public Health offers multiple supports, including from the Suicide Prevention Coaltion.	K-8
Hope and Safety Alliance	The Hope and Safety Alliance provides classes on healthy relationship knowledge and skills, green and red flags, self-worth, mental and emotional health when requested.	6-8
Lines for Life	Lines for Life offers regional support in the creation and adoption of policies and programs, as well as cross-collaboration with other organizations and groups	K-8 Staff
Oregons for Gambling Awareness	Founder Ronda Hatefi provides support for the school in creation and implementation of mental health hygiene, mental health first aid kids, and	6-8
Association of Oregon Community Mental Health Programs	AOCMHP offers trainings and events, including CBT for suicide prevention, DBT, ABFT and postvention	Staff

Protective Factors + Risk Factors

The community commits to paying attention to and nurturing protective factors for all students, and to thinking about suicide prevention in an "upstream" way. Staff will be offered trainings that help them build up resilience and protective skills, as well as learning to identify risk factors.

Protective Factors	Risk Factors
●Engaged in effective physical and/or mental health care ●Feeling connected to others (family, friends, school, at least one trusted adult) ●Positive problem solving skills ●Healthy coping skills ●Restricted access to means to kill self ●Stable living environment ●Willing to access support/help ●Positive self esteem ● Resiliency ●High frustration tolerance ●Emotional regulation ●Cultural and/or religious beliefs that discourage suicide ●Successful at school ●Has responsibility for others ●Financial stability ●Future planning ●Acceptance of identity (family, peers, school) KEEP IN MIND: a person with an array of protective factors in place can still struggle with thoughts of suicide.	●Current plan to kill self ●Current suicidal ideation ●Access to means to kill self ●Previous suicide attempts ●Family history of suicide ●Exposure to suicide by others ●Recent discharge from psychiatric hospitalization ●History of mental health challenges ●Current drug/alcohol use ●Sense of hopelessness ●Self-hate or self-injurious behavior ●Current psychological/emotional pain ●Loss (relationship, work, financial) ●Relationship issues (friends/family/school) ●Feeling isolated/alone ●Current/past trauma ● Bullying ●Discrimination and lived experience with oppression ●Chronic pain/physical health problems ●Impulsive or aggressive behavior ●Unwilling to seek help ●Members of disproportionately at-risk groups (LGBTQ+, Black, Indigenous, People of Color, etc)

Coburg Community Charter School acknowledges the needs of groups at increased risk for suicidal behavior and plans to work actively to use restorative practices to better serve all students. (See Appendix II for more information.)

- Youth Living with Mental and/or Substance Use Disorders
- Youth Who Engage in Self-Harm or Have Attempted Suicide
- Youth in Out-of-Home Settings
- Youth Experiencing Homelessness
- Racial and Ethnic Minority Youth (American Indian/Alaska Native (AI/AN) Youth, Black Youth, Latinx Youth, Asian Youth)
- LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning) Youth
- Youth Bereaved by Suicide
- Youth Living with Medical Conditions, Disabilities, or Learning Differences

Student Reporting

The school will regularly encourage students to connect with a trusted adult (teacher, administrator, counselor, etc) when they are experiencing depression or thoughts of suicide/self-harm or when they suspect or have knowledge of another student's despair, self-harm, or suicidal ideation. The school actively works to create an environment where students can express feelings and concerns to staff.

Coburg Community Charter School:

- ❏ Recognizes that physical and mental health underpin all learning. Physical and mental health and wellness are integral components of student outcomes, both educationally and beyond graduation.
- ❏ Further recognizes that suicide is a leading cause of death among young people aged 10 - 24 in Oregon.
- ❏ Has an ethical responsibility to take a proactive approach in preventing deaths by suicide.
- ❏ Acknowledges the school's role in providing a culture and environment that is sensitive to individual and societal factors that place youth at greater risk for suicide and helps to foster positive youth development and resilience.
- ❏ Acknowledges that comprehensive suicide prevention policies include prevention, intervention, and postvention components.
- ❏ Will publish its policy and plan on the district website and will revisit and refine the plan as needed.
- ❏ Is commitment to practices which nourish the dignity of all humans, such as restorative justice and conscious discipline practices.

Confidentiality

School employees are bound by laws of The Family Education Rights and Privacy Act of 1974; commonly known as FERPA. FERPA generally precludes schools from disclosing student information without first obtaining consent, but there are exceptions, including health and safety emergencies and communication with district staff who have a legitimate educational interest. Further, there are situations when confidentiality must NOT BE MAINTAINED, meaning that staff have a legal obligation to share information.

If at any time, a student has shared information that indicates the student is in imminent risk of harm/danger to self or others, that information MUST BE shared immediately. The details regarding the student can be discussed with those who need to intervene to keep the student safe. This is in compliance with FERPA.

Comprehensive Suicide Prevention Plan Components

Coburg Community Charter School takes a multifaceted strategic approach to preventing suicide: prevention, intervention, and postvention (PIP). Although each section has important independent elements, prevention efforts work best, just like CCCS students, when they are connected or interconnected. This plan will outline each of the three components and CCCS's commitment to each one of them. CCCS is dedicated to developing a suicide prevention program using a culturally competent approach that considers cultural factors, such as the role of the family, level of acculturation, language acculturation, language preferences, and religious beliefs. This process includes staff and student awareness surrounding identity, human dignity, and connection.

Prevention Procedures

Coburg Community Charter School takes intentional steps to create a school culture that encourages positive coping skills by building protective factors while communicating about suicide in a safe and healthy way. Suicide prevention includes mental and physical wellness education, accessible resources, staff training, mental health awareness campaigns, restorative practices, and building a culture of belonging. The school has adopted the staff and student training programs set forth below.

Staff Training and Education

Training Program	Who Receives Training/Contacts	Details
QPR Question, Persuade, Refer Gatekeeper Training will be provided annually for all student-facing staff members.	All student-facing staff Contacts: Angi Meyer meyer_a@4j.lane.edu Lucina Michaud lucinam@linesforlife.org	1-2 hours training In person preferred
Columbia Suicide Severity Rating Scale (C-SSRS) The Crisis Response Team will be trained annually on the C-SSRS tool and its variants. This is an evidence-based first responder tool that is part of our Level 1 assessment to gauge risk and response level needed during a potential suicidal engagement.	School Counselor, DOSS, and Executive Director https://www.youtube.com/watch?v=Ted_gl-UXi8	30 minutes for initial gatekeeper training online to 3.5 hours in person (2 hours online) for clinical training
ASIST The Crisis Response Team will be trained every three years through the LivingWorks Applied Suicide Intervention Skills Training. This training is available through Lane ESD and supported by OHA.	School Counselor & DOSS Contact: Daniel Gallo dgallo@lesd.k12.or.us	2 day in person training
DESSA The DESSA is a 72-item standardized, norm-referenced behavior rating scale that assesses the social-emotional competencies that serve as protective factors for children.	Teachers Contact: Laura Warren Laura.Warren@wesd.org	Minimal training to be included in staff meetings.
SOURCES OF STRENGTH - upstream prevention A universal suicide prevention program, is designed to build protective influences and reduce the likelihood that vulnerable youth will become suicidal. Plan: Implement middle school (w/financial supports from Matchstick and Lane County) + add elementary programming as able, compatible with Second Step	Members of Community as willing Contacts: Kahae Rikeman kahae@matchstickpdx.com Marissa Lovell Marissa.lovell@lanecountyor.gov	T4T training: 4 days in person Adult training: 4-8 hours Student leader training: 4-8 hours

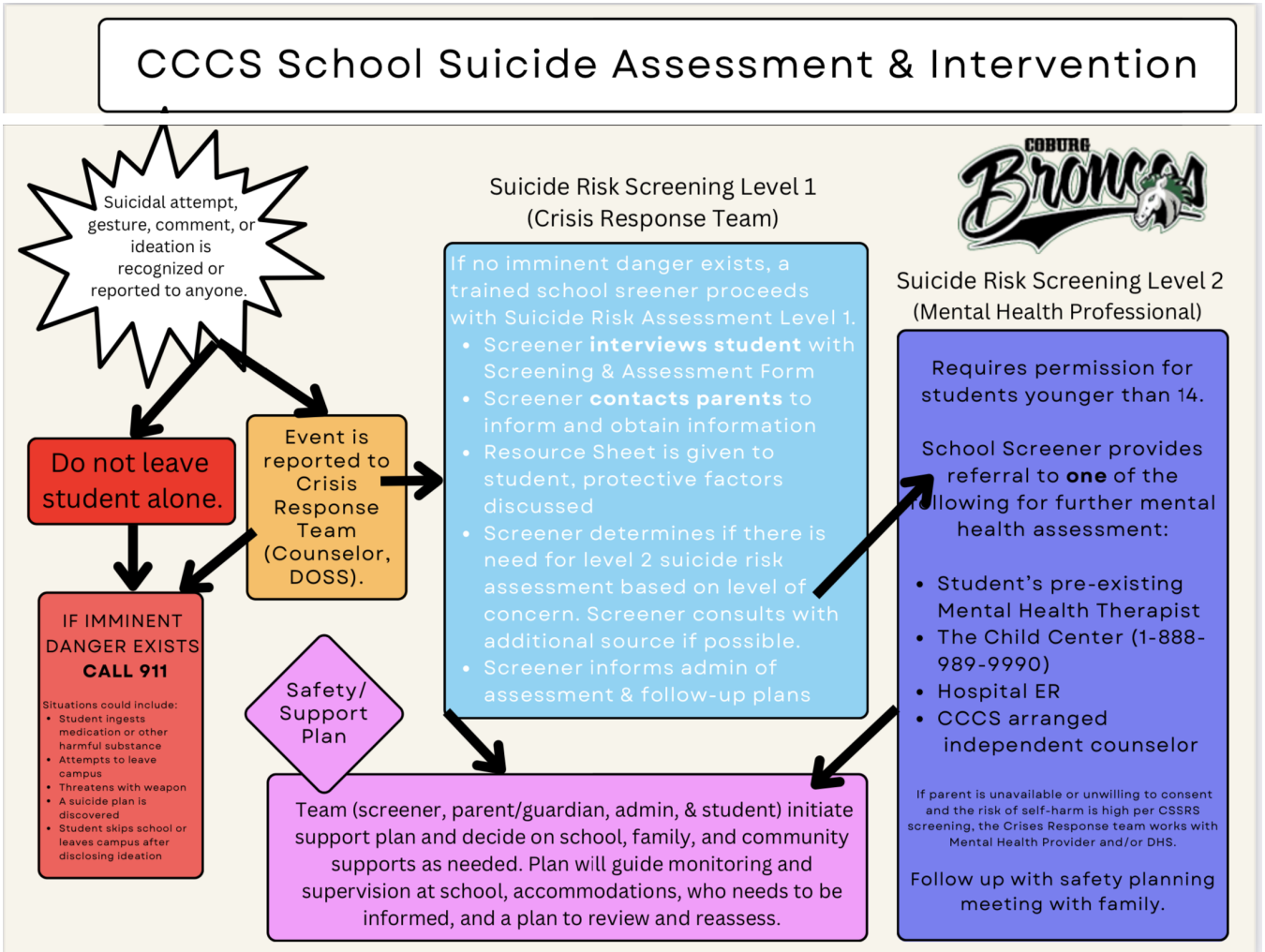
Annual Review

Coburg Community Charter School will track trainings and review annually to ensure trainings are available and pertinent to current needs and programming.

The Crisis Response Team will also meet annually to consider the intersection of suicide prevention activities and other prevention efforts such as health and wellness curriculum, sexual violence prevention, drug awareness, unhoused youth, wraparound services, social-emotional learning, trauma-informed education, disability identification and services, and supports for underrepresented populations such as positive identity development and affinity groups. Prevention efforts are best characterized as being part of a multi-tiered system of support where universal practices across domains are employed, increasingly intensive training and supports are engaged as screening, and intervention outcomes are evaluated.

Intervention Procedures

The following flow chart will be made available and reviewed yearly with staff to ensure collective knowledge of emergency procedures and knowledge of who is on the Crisis Response Team.



The risk of suicide is raised when any peer, teacher, caregiver, or school employee identifies someone as potentially suicidal because s/he/they has directly or indirectly expressed suicidal thoughts (ideation) or demonstrated other warning signs. It is critical that any school employee who has knowledge of a suicide threat **reports** this information immediately and directly to a trained School Screener (school counselor, dean of student services, or administrator) so that the student of concern receives appropriate attention. **Do not leave a voicemail or pass this information on through email. If you cannot reach a school screener, reach out to an administrator.**

If imminent danger exists, call **911** immediately. This is especially important if the student of concern is not in class or left the campus and a plan to suicide is discovered. If you are not sure if imminent danger exists, tell the school screener and they will call 911 if needed. All threats of self-harm must be taken seriously.

Screening Process

A suicide risk screening will need to be completed **for every student expressing comments and/or thoughts of suicide** when reported, even if the screener already knows the student and has a relationship with them, or even if parents report they have already spoken to student. Every effort should be made to conduct a screening the same day staff members are made aware of the risk for suicide.

Depending on the circumstances, screener may communicate with parents both **before** and after the assessment is made. For example, the screener may talk to a parent who is reporting a concern and also speak to them post Level 1 screening. The screener should use discretion for the order of events per the unique needs of the situation.

Only trained school staff members may act as School Screeners who perform Level 1 suicide response protocols and safety planning. Trained screeners are:
❑ School Counselor
❑ Dean of Student Services
❑ School Administrator(s)

If the student is not in immediate but a concern about suicide risk exists, the trained school screener initiates the screening process.

1. Suicide screening is conducted by a school-employed provider trained in screening (School Counselor, DOSS), or a school administrator.
2. The trained school screener conducts a Level 1 interviews of the student using the Screening Form available on the shared drive, or in print copies in the Safety Planning Binder.
3. The Safety Planning Form is built on the Columbia - Suicide Severity Rating Scale (C-SSRS) screening tool, and addresses extra questions that help understand risk levels, but also identifies protective factors. Whenever helpful, the C-SSRS in its most basic form can be used to assess if a more rapid assessment is needed.

4. If appropriate, screener will share the Resource Sheet with student and/or family. They will provide other tools such as the Mental Health Checklist or Self-Care card.
5. After the assessment, the trained school screener will determine if a Level 2 Suicide Assessment is appropriate. If needed, screener will consult with another counselor, psychologist, social worker, administrator, or mental health specialist, such as the 4J District specialist or Lines for Life (Student Suicide Assessment Line: 503-575-3760, line open Monday-Friday, 8:30AM-4:30PM). Sharing decision-making with another professional is best practice. The outcome of the consultation will be one of the following
6. Screener informs the administrator of screening results.

When a Level 2 suicide assessment is NOT warranted:

1. Inform the parent or legal guardian the same day that a screening was conducted and why. Parents are a critical part of the student's care team and possess information that the school may not have access to. Screener can document topics of conversation using the Parent/Guardian phone call checklist in the **Screening and Assessment Form.**

2. If low risk, schedule a follow up meeting with the student 14 and 30 days after the comments or ideation are scheduled and the person doing the follow up is determined. If necessary, schedule follow up meetings with Crisis Response team and parents to make a **Support Plan** with the student (and parent or legal guardian, if possible) by the end of the next school day.

3. If moderate risk, schedule follow up meetings with Crisis Response team and family to create a **Safety and Support Plan** with the student and parent or legal guardian by the end of the next school day. Schedule a minimum of two follow ups 14 days and 30 days after the screening.

When a Level 2 external assessment **IS** warranted:

1. After consultation, if concern about suicidal ideation is sufficiently high, the trained school screener will contact and assist student's parent/legal guardian in referring the student to an in-depth suicide assessment by an external licensed and qualified Mental Health Professional as soon as possible. Screener can use Parent/Guardian Phone Call Checklist if needed. A Level 2 Assessment of students aged 13 or under will require parental consent. Options for referral are listed in order of preference:
    - Contact the student's pre-existing Mental Health Therapist
    - Referral to The Child Center (1-888-989-9990), have parents sign and fax referral directly
    - The hospital ER
    - Other mental health professionals available for assessment

2. A School Safety Plan should be developed and updated upon or before the student's return to school prior to or the morning of re-entry. Screener schedules a meeting for screener, parent/guardian, admin, and student to initiate support plan, taking into consideration findings and recommendations from Mental Health Professional. The team will create the Safety and Support Plan to address any needs for monitoring and supervision at school, accommodations, as well as addressing what supports will be developed from home. The support team will decide what staff on campus need to be informed and

form a plan to review and reassess the safety plan in the future. Schedule a minimum of two follow ups 14 days and 30 days after the screening.

***Follow up dates of 14 and 30 days after assessed risk are minimum scheduled contacts. It should be understood that Student Support and Student Safety Plans may include daily, bi-weekly, or weekly follow ups with the student.**

Documentation

- ❏ Document when the parents or legal guardians were notified. (If applicable, document contacts with DHS).
- ❏ The trained school screener complete the Screening and Assessment Form and place completed form in a sealed, confidential file in compliance with the reporting process.
- ❏ If needed, the Parent/Guardian Phone Call Checklist can be used to document what information was passed on during a phone call reporting risk.

Screening Process: Off-Hours

If concerns of student harm are reported on nights, weekends, or other times when the student is not on campus, the Crisis Response Team will respond in the following manner.

1. A trained school screener will contact the parent or legal guardian to notify them of the risk. If there is an imminent threat, 911 will be called. If there is not an imminent threat, parent(s)/guardians will be informed of the need for a student screening.
2. Screener will provide parents or legal guardians with school and community crisis intervention resources as needed.
3. If the trained School Screener has exhausted all methods to reach the parent or legal guardian (including Emergency contacts and sibling's schools), call The Child Crisis Response Program 1-888-989-9990 or Lines for Life 503-575-3760 to consult regarding next steps. It may be necessary, after consultation, to contact the Department of Human Services (Child Protective Services) (541) 349-4444, 1-855-503-7233, or local law enforcement at 911 if the risk of self-harm may be imminent.
4. Screener will notify the school administrator of the situation, including a preliminary risk level assessment if possible.
5. Before the student returns to school or on their first day, a school screener will conduct a Level 1 suicide risk assessment interview and follow subsequent protocol.
6. Screener will communicate updated risk assessment results to parents or legal guardians, and conduct a post assessment parent or guardian interview, if possible.
8. Screener will update administrator and complete the CCCS reporting process using the Screening and Assessment Form.

Process Following Suicide Attempt or Acute Mental Health

1. Collaborate with parents and legal guardians, if possible, to select interventions, and develop a school support or safety plan, as needed.
2. Provide parents and legal guardians with school and community crisis intervention resources.
3. Schedule minimum follow up meetings 14 days after and 30 days after comments, ideation and/or attempt. Designate a trained school screener (counselor or dean of student services) or administrator to serve as the school point person for follow up communication and ongoing support/safety plan organization.

Developing a School Support/Safety Plan

After every suicide screening, the trained school screener consults with another mental health professional or administrator to determine if a School Support/Safety Plan is necessary and schedules follow up meetings.

The School **Support Plan** provides a structure for intentional support, designates the responsibilities of each person, and includes a review date to ensure follow-through and coordinated decision making. A designated staff member will serve as the school point person for follow-up communication with parents and, legal guardians and community providers for students who have been screened for suicide.

The School **Safety Plan** is an extension of a Support Plan and should involve consultation and recommendations from a Mental Health Professional. It provides a more extensive support, designates responsibilities of each person, supervision, and includes a review date to ensure follow-through and coordinated decision making. A designated staff member will serve as the school point person for follow-up communication with parents and legal guardians, and community providers, for students who are moderate to high risk or who have attempted suicide. If the child is transitioning after a hospital stay a re-entry meeting to develop a plan should take place prior to re-entry.

Developing a Re-Entry Plan

The re-entry process occurs after a student has been hospitalized for an attempt or has been out of school for a mental health crisis. Students who have made a suicide attempt are at a higher risk of re-attempting during the first 90 days after the attempt unless the parents and school staff work together utilizing evidence - based prevention protocols. It is important for the student to be monitored by parents or guardians, mental health professionals, and designated school professionals in order to establish a support system. It is critical to connect the student, his/her/their parents or legal guardians, the mental health team working with the student, as well as the school counselor so that pertinent information flows, and a safety net is created.

The Re-Entry Meeting and/or School Safety Plan is scheduled by the designated school counselor or mental health specialist with the student, parent or legal guardian, dean of student services and administrator.

1. A re-entry meeting should occur when students are returning to school following a suicide attempt, even if the school did not complete a suicide screening. This is a best practice approach contributing to student safety.
2. The Safety Plan should be completed upon the student's return to school (prior to attending classes).

Notifying parents and others

Parents must always be notified when there appears to be any risk of self-harm.

a. Whenever a student has directly or indirectly expressed suicidal thoughts or demonstrated other warning signs, the student's parent or guardian is to be informed the same day. Such notice shall be made by the trained School Screener.
b. If the student discloses thoughts of suicide or if the trained School Screener has reason to believe there is a current risk for suicide, the trained School Screener will request that a parent/ legal guardian come to school to discuss the screening results and will help develop the safety plan, usually in collaboration with the parent or legal guardian and student. This can be completed over the phone, or via zoom, though it is not preferred.
c. If the student denies experiencing thoughts of suicide and the trained School Screener does not have reason to believe there is a current risk of suicide, the trained School Screener will notify the parent to share that a screening was conducted and why.
d. If a student is in crisis and the trained School Screener has exhausted all methods to reach the parent or legal guardian (including Emergency contacts and sibling's schools), call The Child Crisis Response Program 1-888-989-9990 or Lines for Life 503-575-3760 to consult regarding next steps. It may be necessary, after consultation, to contact the Department of Human Services (Child Protective Services) (541) 349-4444, 1-855-503-7233, or local law enforcement at 911 if the risk may be imminent.

EXCEPTION - Abuse or Neglect

Parents and legal guardians need to know about a student's suicidal ideation unless the trained School Screener, after conferring with the school administrator, reasonably believes that child abuse or neglect would result from disclosure and would place the student at an imminent increased risk of harm. In such a case, the trained School Screener or other staff person must make a report to the Child Welfare Hotline through the Department of Human Services at (855) 503-7233 or Coburg or Eugene Police Department. The trained School Screener and student will discuss what will be communicated with essential staff members in order to keep them safe.

If a student makes a statement such as "My dad/mom would kill me" as a reason to refuse, the trained School Screener can ask questions to determine if parental abuse or neglect is suspected. If there is no indication that abuse or neglect is suspected, compassionately disclose that the parent needs to be involved.

Privacy is of utmost importance, and every effort will be made to respect the confidentiality of the student while attending to the safety needs of the student and others in the school building. The student and parent/guardian should be informed of the limited information sharing that the district requires:
For safety reasons, the school building administrator will be notified of every suicide ideation or attempt and school documentation protocols will be followed.
Depending on the School Support/Safety Plan, specific school staff may receive certain information about concerns as part of a plan to maintain safety and provide support to the student. The student and parent are invited to help develop this plan.
A mental health alert sheet will be kept in the cumulative file with contact information for the counselor and student services department.

Postvention procedures: After a Death Occurs

Postvention means any compassionate, honest, and effective "post-intervention" activities conducted after a suicide. Postvention seeks to reduce the risk of imitations or "contagion", supports the needs of those bereaved by a suicide, provides safe messaging to students, families, and the community, and supports the mental health of the entire school community. Appropriate postvention activities serve to enhance future prevention efforts and save lives. Postvention includes procedures and practices addressing immediate, intermediate, and long-term response planning. Postvention also involves active crisis response strategies that strive to treat the loss in similar ways to that of other sudden deaths within the school community and to return the school environment to its normal routine as soon as possible while providing grief support. It includes addressing communication with staff, students, outside providers and families, identifying other potentially at-risk students, and other difficult issues such as memorialization. This includes having a system in place to work with the multitude of groups that may eventually be involved, such as students, staff, parents and legal guardians, community, media, law enforcement, etc. In Oregon, postvention is specifically defined under OAR 309-027-0200(8).CCCS works in collaboration with Eugene School District 4J , Lines for Life, the Oregon Health Authority and Lane County Public Health per Senate Bills 561, 485 and 981.

Postvention Goals	Postvention Cautions
❏ Support the grieving process ❏ Prevent suicide contagion ❏ Reestablish healthy school climate ❏ Provide long-term surveillance ❏ Integrate and strengthen protective factors	❏ Avoid romanticizing or glorifying event or vilifying victim ❏ Do not provide excessive details ❏ Do not eulogize victim or conduct school-based memorial services ❏ Do not release information in a large assembly or over the intercom

CCCS Postvention Response Procedures

1. Dean of Student Services or administrator notified of suspected or known student death by suicide.
2. Dean of Student Services or administrator notifies Lane County Public Health (LCPH) as a courtesy. LCPH will then notify Lines for Life Rapid Response Team.
3. Executive Director communicates with the family to offer condolences and determines their wishes for communication about the death.
4. Executive Director prepares any media statements.
5. Dean of Student Services/Administrator mobilizes the building Care Team and prepares for possible substitutes.
6. Executive Director and Dean of Student Services meet to assign responsibilities:
    1. Identifies potentially at-risk students and staff, e.g., those knowledgeable about or connected to the deceased.
    2. Creates scripts for teachers to use from provided templates. Provides script and response to line staff (building secretaries, etc.)
    3. Gathers input on concerns from teachers and staff.

7. The Dean of Student Services/Executive Director holds all-staff or stand-up meetings as soon as possible and distributes scripts and other resources for teachers to use.
8. Building staff, as directed by the administrator, notify students, and distribute any needed notifications or resource handouts.
9. The Executive Director/Dean of Student Services crafts and sends a message (using provided templates on Google Site) to parents and others in the school community.
10. The Counselor monitors media information, including social media.
11. The Dean of Student Services/Administrator holds an end-of-day meeting with the crisis team, provides communication with staff, and determines any follow-up resources or coordination needed.
12. The Dean of Student Services/Executive Director communicates needs for follow up to the Response Team.
    1. The Counselor documents the date of death and will send notifications to school administration of the 3-month, 1 year, and birthday anniversary to promote awareness and sensitivity to students and staff potentially impacted.

Risk Identification Strategies by School Care Team
❑ IDENTIFY students/staff that may have witnessed the suicide or its aftermath, had a personal connection/relationship with the deceased, who have previously demonstrated suicidal behavior, have a mental illness, have a history of familial suicide, or who have experienced a recent loss.
❑ MONITOR student absentees in the days following a student suicide, those who have a history of being bullied, who are LBGTQ, who are participants in fringe groups, and those who have weak levels of social/familial support.
❑ NOTIFY parents and legal guardians of highly affected students, provide recommendations for community-based mental health services, hold evening meetings for parents and guardians, provide information on community-based funeral services/memorials, and collaborate with media, law enforcement and community agencies.

Commitment to staff, students, and families

Coburg Community Charter School strongly values interpersonal connection and strives to encourage personal growth in a diverse community where ALL students recognize their worth and feel they belong. In this community barriers are removed and resources for growth and resilience are provided, in hopes students are inspired to use their gifts in service to one another. CCCS strives to be culturally responsive by recognizing the inherent dignity of its staff, students, and the broader community it serves.We believe we are lifelong learners; therefore, this Suicide Prevention Plan will remain a living document to ensure best practices in suicide prevention and mental health support.

Review and Feedback Process

Coburg Community Charter School believes in lifelong learning. Rooted in this belief, a procedure has been created for a student, parents, and/or legal guardians to request the school review the actions that a school takes when responding to a suicidal risk. Any parent, or legal guardian, with concerns about the district's actions with regard to suicide prevention and response may contact the Suicide Prevention Specialist to discuss such concerns. A person wishing to make a formal complaint may do so following the school's Uniform Complaint Procedure process.

Suicide Prevention and Risk Assessment Specialist
April Ford
Email: a.ford@coburgcharter.org
Phone: 541-344-4113

Acknowledgements and Resources

This document was adapted from a document produced by Angi Meyer, Suicide Prevention and Risk Assessment Specialist, and adapted from the following sources in collaboration with the Eugene School District 4J Mental Health Work Group:

The Trevor Project
Oregon Health Authority (OHA)
Oregon Department of Education (ODE)
Willamette Educational Service District
Lane Educational Service District
The Ross Center
Lane County Public Health
Center for Disease Control (CDC)
Suicide Prevention Resource Center
Research Gate
Lines for Life
National Association of School Psychologists (NASP)
National Institute of Mental Health (NAMI)

Community Resources Link
CCCS Community Suicide Prevention Contacts and Resources

Appendix I: Definitions

At-Risk
Risk for suicide exists on a continuum with various levels of risk. Each level of risk requires a different level of response and intervention. A high-risk student may have thoughts about suicide, including potential means of death, and may have a plan. In addition, the student may exhibit behaviors or feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. A student who is defined as high-risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset of potential mental health conditions or a deterioration of mental health.

Mental Health
A state of mental health, emotional, and cognitive health that can impact perceptions, choices and actions affecting wellness and functioning. Mental health conditions include depression, anxiety disorders, post-traumatic stress disorder, and substance use disorders. Mental health can be impacted by home, school, social environments, early childhood adversity or trauma, physical health, and genes.

Parent
As used in this plan, the term parent means a parent of a student and includes a natural parent, a legal guardian, or an individual authorized in writing to act as a parent in the absence of a parent or guardian.

Risk Assessment
An evaluation of a student who may be at-risk for suicide, conducted by the appropriate designated staff (dean of student services, school counselor, or a trained school administrator). The Columbia-Suicide Severity Rating Scale (C-SSRS) is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.

Risk Factors for Suicide
Characteristics or conditions that increase the chance that a person may attempt to die by suicide. Suicide risk is most often the result of multiple risk factors converging at a moment in time. Risk factors may encompass biological, and/or social factors in the individual, family, and environment. The likelihood of an attempt is highest when factors are present or escalating, when protective factors and healthy coping techniques have diminished, and when the individual has access to lethal means.

Self-Harm
Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Self-harm behaviors can be either non-suicidal or suicidal. Although non-suicidal self-injury (NSSI) lacks suicidal intent, youth who engage in any type of self-harm increase the long-term risk of a future suicide attempt or accidental suicide.

Suicide
Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

Suicide Attempt
A self-injurious behavior for which there is evidence that the person had at least some intent to die. A suicide attempt may result in death, injuries, or no injuries. A mixture of unresolved mindset, such as a

wish to die and a desire to live, is a common experience with most suicide attempts. Therefore, unresolved mindset is not reliable indicator of the seriousness or level of danger of a suicide attempt or the person's overall risk.

Suicidal Ideation

Thinking about, considering, or planning for self-injurious behavior that may result in death. A desire to be dead without a plan or intent to end one's life is still considered suicidal ideation and taken seriously.

Suicide Contagion

The process by which suicidal behavior or a death by suicide influences an increase in the suicide risk of others. Identification, modeling, and guilt are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides within a community.

Postvention

Suicide postvention is a crisis intervention strategy designed to assist with the grief process following a death by suicide. This strategy, when used appropriately, reduces the risk of suicide contagion, provides the support needed to help survivors cope with a suicide death, addresses the social stigma associated with suicide, and disseminates factual information after the death of a member of the school community. Often a community or school's healthy postvention effort can act as prevention and save lives.

Ideation - *Thoughts of Suicide*	Expressing suicidal feelings through talking, gesturing, writing, or drawing. Desire to die.
Suicide Plan	Having a plan for suicide and/or obtaining the means to follow-through on a suicidal attempt.
Unbearable Pain	Often as a result of a loss/crisis. Expressing they are suffering a great deal and feel there is no hope.
Displaying Signs of Depression	Such as a loss of pleasure in activities they used to enjoy, prolonged sad mood, changes in eating or sleeping patterns.
Making Final Arrangements	Saying good-bye as if they won't be seeing someone again. Giving away favorite possessions.
Self-Destructive Behavior	Such as the start of or increase in alcohol or drug use, risky sexual behavior, reckless driving.
Changes in Behavior	Such as pulling away from family, friends, or social groups; anger or hostility.
Previous Suicide Attempt	This significantly increases the likelihood that someone will complete suicide.
Exposure to Suicide	Friend or family member who attempted or completed suicide.
Abuse	Physical or sexual abuse, being mistreated.
Social Isolation	May lead to feelings of helplessness and depression. Lack of support. Unwilling to seek help.
Depression, Anxiety, Agitation	Primarily Major Depressive Disorder. Feeling trapped.
Access to Lethal Means	Such as guns, weapons, knives, medications in the house.
Perceived Major Trouble	Such as trouble at school, at home, or with the law.
Peer Victimization	Bullying, extreme embarrassment or humiliation.

Appendix II: At Risk Populations

Youth Living with Mental and/or Substance Use Disorders

Mental health conditions, in particular depression/dysthymia, attention-deficit hyperactivity disorder, eating disorders, intermittent explosive disorder, and conduct disorder are important risk factors for suicidal behavior among young people. An estimated one in four to five children have a diagnosable mental condition that will cause severe impairment, with the average onset of depression and dysthymia occurring between ages 11 and 14 years; therefore, school staff may play a pivotal role in recognizing and referring the student to treatment that may reduce risk and enhance overall performance and improve long-term outcomes.

Youth Who Engage in Self-Harm or Have Attempted Suicide

Risk is significantly higher among those who engage in non-suicidal self-harm than among the general population. Whether or not they report suicidal intent, one study found that 70 percent of adolescents admitted into inpatient psychiatric treatment who engage in self-harm report attempting suicide at least once in their life. Additionally, a previous suicide attempt is a known powerful risk factor for suicide death. One study found that as many as 88 percent of people who attempt suicide for the first time and are seen in the Emergency Department go on to attempt suicide again within two years. Many adolescents who attempt suicide do not receive necessary follow-up care for many reasons, including limited access to resources, transportation, insurance, copays, parental consent, etc.

Youth in Out-of-Home Settings

Youth involved in the juvenile justice or child welfare systems have a high prevalence of risk factors for suicide. As much as 60 to 70 percent of young people involved in the juvenile justice system meet criteria for at least one psychiatric disorder, and youth in juvenile justice residential programs are three times more likely to die by suicide than the general youth population. According to a study released in 2018, nearly a quarter of youth in foster care had a diagnosis of major depression in the last year. Additionally, a quarter of foster care youth reported attempting suicide by the time they were 17.5 years old.

Youth Experiencing Homelessness

For unhoused youth, the rate of self-injury, suicidal ideation, and suicide attempts is over two times greater than those of the adolescent population in general. These young people also have higher rates of mood disorders, conduct disorder, and post-traumatic stress disorder. One study found that more than half of runaway and unhoused youth experience suicidal ideation.

Racial and Ethnic Minority Youth

American Indian/Alaska Native (AI/AN) Youth

In 2017, the rate of suicide among AI/AN youth ages 15-19 was over 1.6 times that of the general youth population. Risk factors that can affect this group include substance use, discrimination, lack of access to mental health care, and historical trauma. For more information about historical trauma and how it can affect AI/AN youth, see ihs.gov/suicideprevention.

Black Youth

Among Black populations, suicide rates peak during adolescence and young adulthood, then decline. This is a different pattern than is seen in the overall U.S. population, where

suicide rates peak in midlife. A particularly important risk factor associated with suicide behavior among Black youth is exposure to racism and trauma. Black youth who experience racism often feel alienated, rejected by society, ignored, marginalized, depressed, and anxious.

Latinx Youth

Suicide and suicide attempts are especially concerning among Latinx adolescent girls, who have the highest suicide rates among all adolescent groups nationwide. Statistics reveal that in the United States, 15.6% of Latinx adolescent girls have attempted suicide one or more times and 25% have thought about it. Risk factors include alienation - including disconnection from family or family origin, acculturative stress and family conflict, hopelessness and fatalism, discrimination, and racism.

Asian Youth

For Asian Americans and Pacific Islanders between the ages of 15 and 19, suicide was the leading cause of death in 2016, according to CDC data, accounting for 31.8 percent of all deaths. Asian youth may be susceptible to different risks than other racial/ethnic groups, such as ethnic and cultural socialization or orientation, poverty, education related stress, familialism, discrimination, and acculturation that can take root at a young age, affecting mental health outcomes.

LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning) Youth

The CDC finds that LGBTQ+ youth are 4.5 times more likely, and questioning youth are over twice as likely to consider attempting suicide as their heterosexual peers. One study found that 40 percent of transgender people attempted suicide sometime in their lifetime — of those who attempted, 73 percent made their first attempt before the age of 18. Suicidal behavior among LGBTQ youth can be related to experiences of discrimination, family rejection, harassment, bullying, violence, and victimization. For those youth with baseline risk for suicide (especially those with a mental health condition), these experiences can place them at increased risk. It is not their sexual orientation or gender identity that place LGBTQ+ youth at greater risk of suicidal behavior, but rather these societal and external factors: the way they can be treated, shunned, abused, or neglected, in connection with other individual factors such as mental health history.

Youth Bereaved by Suicide

Studies show that those who have experienced suicide loss, through the death of a friend or loved one, are nearly four times as likely to attempt suicide themselves.

Youth Living with Medical Conditions or Disabilities

A number of physical conditions are associated with an elevated risk for suicidal behavior. Some of these conditions include chronic pain, loss of mobility, disfigurement, cognitive delays that make problem-solving a challenge, and other chronic limitations. Adolescents with asthma are more likely to report suicidal ideation and behavior than those without asthma. Additionally, studies show that suicide rates are significantly higher among people with certain types of disabilities, such as those with multiple sclerosis or spinal cord injuries.

FORMS AND CHECKLISTS

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

SUICIDE IDEATION DEFINITIONS AND PROMPTS		
Ask questions that are bolded and underlined.	**YES**	**NO**
Ask Questions 1 and 2		
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
Have you actually had any thoughts of killing yourself?		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
) Have you been thinking about how you might do this? E.g. "I thought about taking an overdose but I never made a specific plan as to when, where, or how I would actually do it….and I would never go through with it."		
4) Have you had these thoughts and had some intention of acting on them? As opposed to "I have the thoughts but I definitely will not do anything about them."		
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?		

Have you ever done anything, started to do anything, or prepared to do anything to end your life?	**YES**	**NO**
Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		
If YES, ask: Was this within the past three months?		

Low Risk
(i.e., current comments, thoughts of suicide, but no suicide plan, acknowledges helping resources and protective factors)

Moderate Risk
(i.e., prior attempt, thoughts of and plan for behavior or no resources, but no time frame for behavior)

High Risk
(i.e., thoughts of suicide, plan for behavior, time frame for behavior specified, and no helping resources)

Coburg Community Charter School

Suicide Screening and Assessment Report Date_____

(To be completed **only** by trained screeners.)

Fill out this form any time suicidal ideation, gesture, or attempt is recognized or reported. Respect the student's voice, confidentiality, and input.

Important: Once a student is identify as needing suicide screening, they should **not be left alone** at any point or be allowed to leave school without a parent/guardian until screening is complete and appropriate next steps are taken. *In the case of imminent threat of suicide or an attempt, complete form *after crisis has been managed*. Immediately active emergency services if there is an attempt, the student has lethal means on campus, or an off-campus student is believed to be suicidal.

I. Identifying Information

Name:_____ Grade:_____ DOB:_____ Age:____

IEP/504?_____ Address:_____

Parent/Guardian name/phone number:_____

Parent/Guardian name/phone number:_____

Screener's Name/phone #:_____ Position:_____

Screener consulted with (if applicable):_____

II. Referral Information

☐ Student Self-Report ☐ Peer Report ☐ Staff Report

☐ Parent/Guardian Report ☐ Other:_____

☐ Student Returning from Hospitalization or Mental Health Screening (Skip to Actions. No new screen needed.)

Describe in detail the nature of the concern. Include specifics on how information was received:

III. Interview with Student Yes ☐ No ☐ Why?_____

Comments:

Guiding Questions

⇒ Does the student report thinking about suicide? Yes ☐ No ☐

⇒ Does the student think about harming others? Yes ☐ No ☐
(If yes, complete Risk Screen as well)

⇒ Does the student report having a plan? Yes ☐ No ☐
⇒If yes, what is the plan (how, when, where)?
_____

⇒ Does the student have access to their planned method? Yes ☐ No ☐
⇒If yes, explain level of detail:
☐ Little to no detail ☐ An understanding of how to obtain ☐ Very detailed

⇒ What is the current level of physical and/or emotional pain being experienced? ☐ None ☐ Some ☐ Unbearable

⇒ Is there a history with previous gesture(s), talk, or attempt(s)? Yes ☐ No ☐
If yes, describe: _____

⇒ Is there a family history of suicide? Yes ☐ No ☐
If yes, describe: _____

⇒ Has the student been exposed to suicide by others? Yes ☐ No ☐
If yes, describe: _____

⇒ Has the student been recently discharged from psychiatric care? Yes ☐ No ☐
If yes, include date and describe: _____

Does the student exhibit any of the following warning signs?

☐ Written statements, poetry, artwork, stories, electronic media about suicide ☐ Feelings of hopelessness/worthlessness. ☐ Change in sleep
☐ Currently or will be isolated, withdrawn ☐ Substances use or abuse ☐ Mental health issues or recent diagnosis. ☐ Change in appetite
☐ Preoccupation with death ☐ Current psychological/emotional pain ☐ Discipline Problems ☐ Prior Suicide attempt ☐ Family problems
☐ Escalating agitation and/or motor restlessness ☐ Physical Illness ☐ Experiencing bullying/being a bully/humiliation ☐ Low/no social support
☐ Recent personal or family loss or change (death, divorce, suicide) ☐ Recent stressful life events ☐ Giving away possessions
☐ Current trauma (abuse - domestic, sexual, physical) ☐ LGBTQ, Native-America, or Alaskan Native ☐ Inability to concentrate/make decisions

Support System and Protective Factors

☐ Trusted adults who are family members:_____

☐ Trusted adults who are school staff:_____

☐ Trusted peers at school:_____

☐ Others in the community (friends, neighbors, mentors, etc):_____

Comments:

IV. Assessment (Only to be assessed by Trained Staff)

☐ **Level 1:** Reported ideation. No reported plan or means endorsed by the student in the screening. No Risk identified in the screening tool(s). Contact family and complete *Level 1 Action Tracking Section* below.

☐ **Level 2:** Reported ideation, with a plan and/or access to lethal means. Other risk factors may be present. Further assessment required by mental health professional. Complete the *Level 2 Action Tracking* section below.

☐ **Imminent Threat:** No screening was done. Emergency Services Activated.

☐ **Return from Hospitalization:** Complete the *Return from Hospitalization Action Tracking* form.

☐ **N/A:** Explain Why_____

C-SSRS Completed? Yes ☐ No ☐

Notes:

V. Parent/Guardian Contact

Name of parent/guardian: _____ Date Contacted: _____

Was the parent/guardian aware of the student's suicidal thoughts/plans? ☐ Yes ☐ No

Parent/guardian's perceptions of threat? _____

If needed, gather more information regarding student's current warning signs (check all that apply):

☐ Written statements, poetry, artwork, stories, electronic media about suicide ☐ Feelings of hopelessness/worthlessness

☐ Withdrawal from others ☐ Preoccupation with death ☐ Substances use or abuse ☐ Mental health issues

☐ Current psychological/emotional pain ☐ Discipline Problems ☐ Change in sleep ☐ Crisis within last 2 weeks

☐ Prior Suicide attempt ☐ Escalating agitation and/or motor restlessness ☐ Physical Illness ☐ Change in appetite

☐ Experiencing bullying or being a bully ☐ Recent personal or family loss or change (death, divorce, suicide)

☐ Recent stressful events ☐ Family problems ☐ Giving away possessions ☐ Inability to concentrate/make decisions ☐

Current trauma (domestic/relational/sexual abuse) ☐ LGBTQ, Native-America, or Alaskan Native

Notes:

VI. Level 1 Tracking: Short Term Actions taken: Low Risk (no plan or means)

⇒ Parent/guardian contact was made ☐ Yes ☐ No

⇒ Released to parent/guardian (if applicable) ☐ Yes ☐ No ☐ N/A Why?_____

⇒ Parents/guardians given information on mental healthcare resources ☐ Yes ☐ No

⇒ Student/family was given Personal Resources Sheet ☐ Yes ☐ No

⇒ Follow-up Conversations Planned ☐ Yes ☐ No

Who is the planned check-in/follow-up person to meet with student and/or contact family?	
When will the follow-up occur? (Date, time)	
What is the frequency and duration of follow-ups planned?	

VII. Level 2 Tracking: Short Term Actions taken: Medium to High Risk

⇒ Parent/guardian contact was made ☐ Yes ☐ No

⇒ Released to parent/guardian (if applicable) ☐ Yes ☐ No ☐ N/A Why?_____

⇒ Family was given Personal Resources Sheet ☐ Yes ☐ No

⇒ Parent/guardian takes student to hospital ☐ Yes ☐ No

⇒ Parent/guardian schedules mental health appointment ☐ Yes ☐ No

⇒ Parent/guardian counseling on lethal means reduction ☐ Yes ☐ No

⇒ Family informed Support Plan needs to be made before return to school ☐ Yes ☐ No

⇒ Family refused a level-2 screening ☐ Yes ☐ No

⇒ DHS report was made ☐ Yes ☐ No

Referral

☐ School Screener refers to ONE of the Qualified Mental Health Providers below for fuller mental health assessment. Options listed in order of preference.

☐ Student's current mental health therapist/agency. Contact information:_____

☐ If connected to a larger agency, determine if there is a client crisis line you can call for consultation. ☐ Immediate phone conversation with therapist. ☐ If student has active safety plan with provider, follow recommendations with family.

☐ Contact The Child Center at 541-726-1465 for consultation. Fax form requesting assessment.

☐ If there will be a delay in accessing this service, support parent/guardian in creating safety plan.
Student should not be left unattended at any time until service and level two screening can be assessed.

☐ Referred to school's independent counselor per Executive Director.

☐ Hospital Transportation Options (Please consider the least restrictive option FIRST.)

☐ Parent transports ☐ Mobile crisis arranged transport (CAHOOTS will not come to Coburg)

☐ 911/Ambulance transports ☐ Police transportation

Notes:

Coburg Community Charter School

Personal Resource Sheet

I understand that this sheet is to help remind me of the ways I can keep myself safe. I realize that there is someone available to talk with me 24 hours a day. If I am struggling, I can talk to one or more of the following people.

Trusted adults: people who care about me and whom I can ask for help:		
Name/Relationship	**Contact**	**When**
Suicide and Crisis Lifeline	988	Anytime (24/7)
Youth Line (talk to a teen)	1-877-968-8491, text "teen2teen" email teen2teen@linesforlife.org, or visit OregonYouthLine.org	4-10pm PST
National Hopeline Network	1-800-SUICIDE (784-2433) Hopeline.com	Anytime (24/7)
National Suicide Hotline	1-800-273-8255 (273-TALK)	Anytime (24/7)

Professionals and/or agencies to contact during a crisis:

1. Clinician: Phone:
2. Nearby Emergency Room: PeaceHealth Riverbend - (541) 686-6931
3. Behavioral Health Unit (BHU) at the Sacred Heart Medical Center in the University District. Phone: **458-205-7000** Address: 1255 Hilyard St. Eugene, OR 97401
4. Looking Glass Crisis Response Program (Lane County): 24/7 crisis line. Call **1-888-989-9990**. Trained crisis responders provide assistance and, if necessary, can deploy a 2-person team to the family home to respond directly to the crisis.
5. The Child Center (Eugene) **541-726-1465.** Crisis and counseling services available.

During this time, I can help myself in the following ways:
Others can help me in the following ways:

Student Signature: _____ Date:_____

Parent Signature: _____ Date:_____

School Signature: _____ Date:_____

My follow-up appointment is with: _____ Date:_____

Coburg Community Charter School

Student Support Planning Sheet

Student Name:	DOB:	Grade:
Primary School name and contact: The trained school professional who will create and monitor the Support Plan.	Secondary School name and contact: The trained school professional who will be available to the student when the primary contact is not available.	Date to Review Plan: ☐ Discontinue Plan ☐ Revise Plan (use new plan) ☐ Continue Plan

School Support Options (at least one required)

☐ Check-ins: ☐ daily ☐ weekly with:
☐ administrator ☐ school counselor ☐ other

☐ Designated safe place at school_____

☐ Increased supervision in the following settings_____

☐ Decrease or eliminate unsupervised time_____

☐ Alert staff & teachers on a need-to-know basis_____

☐ Late arrival/early dismissal ☐ Other schedule changes:
_____

☐ Student will seek out the following school staff who are trusted adults:

1.
2.
3.
4.
5.

☐ Shortened assignments ☐ Extended time for work ☐ Preferential seating

☐ Allow student to take break in class ☐ Allow time to see counselor when needed

☐ Academic support at lunch or after school ☐ Drug & alcohol assessment/intervention with_____

☐ Referral to_____ ☐ Other_____

Home Support Options (at least one required)

☐ Safety Proof home ☐ Increase supervision ☐ Other_____

☐ Pursue mental health services_____

Permission

☐ Permission to Release Information form to allow communication between school and providers.

What does student want said/not said to staff and students? (Allow student to speak freely.)	Which staff will be informed of plan? *Information of plan will be shared only on a need-to-know basis.*	Notes:

Student Signature:_____ Date:_____
Parent Signature:_____ Date:_____
Administrative Signature:_____ Date:_____
School Staff Present at meeting:

Coburg Community Charter School

Staff Instructions when Working with a Student Returning to School After Ideation/Attempt

The return to school requires individualized attention and planning. It is important that faculty and staff, who have direct contact with the student, should be part of his/her safety plan that monitors continuing risk.

STAFF GUIDELINES:

1. Welcome the student's return to school as you would any other student returning from an extended absence.
2. Let the student know you are glad they are back. "Good to see you."
3. Keep the reason for the student's absence CONFIDENTIAL.
4. Please respect the student's wishes for the way in which the absence is discussed. If the attempt is common knowledge, you can help the student prepare for questions from peers, faculty, and/or staff. If no one is aware, school can help the student create a short response to explain the absence. Being prepared helps reduce anxiety and helps the student feel more in control.
5. Discuss missed class work and homework and make arrangements for completion. Adjust expectations if needed. If possible, provide alternative assignments instead of having the student try to make up all the missed work.
6. Keep an eye on the student's academic performance as well as their social/emotional interactions. If you see that they are isolating or being shunned by peers or are falling further behind in assignments, please follow up with the student's school contact person (on safety plan) and/or the parent(s)/guardian(s).
7. Pay close attention to further absences, lateness, and requests to be excused during classes. If you are concerned, please alert the appropriate staff at school.
8. Encourage the student to use the school counselor for additional support.
9. Please monitor student's behavior and report concerns to the designated school contact person.

Coburg Community Charter School

Parent/ Guardian Phone Call Checklist

Use this checklist as needed in your communications with families. Read through form *before* reaching out to families and determine which information is the best to share.

☐ We are concerned about the safety and welfare of your child. We've been made aware your child may have suicidal ideation or be suicidal. We want to support your child and your family as much as possible during this time.

☐ Were you aware of these thoughts and feelings in your child? Do you have any other information?

In consideration of the safety of your child we suggest the following:

☐ If your child is not already being seen by a qualified mental health professional, the school strongly recommends that your child be seen for assessment and on-going counseling. We can connect you with the Child Center or offer a list of other options available.

☐ An initial screening lets us know that your student is in a higher risk category. We need a further assessment from a mental health professional before your child can return to school and can help you find a provider to conduct that assessment.

☐ We will need to develop a re-entry plan with you to ensure safety while at school. We want to make this plan in cooperation with you and your child, while respecting their voice, input, and keeping confidentiality.

☐ Your child needs to be supervised closely. Assure that your child does not have access to firearms or other lethal means, including medications and other weapons at your house or at the home of neighbors, friends, or other family members. The local police department or your Student Resource Officer at your child's school can discuss with you different ways of removing, storing, or disposing of firearms.

☐ Your child will need support. Your child may need reassurance that you love them and will get them the care they need. Be patient and calm, but also convey that you are concerned. Show love and seek out the help your child needs with no strings attached. Take threats and gestures seriously. Don't tease, challenge, or be sarcastic. Keep communication open and nonjudgmental. Avoid saying anything demeaning or devaluing while conveying empathy, warmth, and respect. Be careful not to display anger towards your child for bringing up this concern or resentment because you had to leave work or face other inconveniences in order to ensure your child's safety.

☐ If you have an immediate concern for your child's safety, please call the Crisis Response Program in Lane County at 1-888-989-9990. Counselors are available 24 hours a day and can advise you on the most appropriate action to keep your child safe.

☐ In case of an emergency, call 911 or go to any hospital emergency room. The nearest hospital with a child/adolescent psychiatrist unit is the Behavioral Health Unit (BHU) at the Sacred Heart Medical Center in the University District. Phone: 458-205-7000. Address: 1255 Hilyard St. Eugene, OR 97401.

Post C-SSRS Primary Caregiver Interview (optional)

Has your child displayed abrupt behavior changes?
What is your child's current support system?
Is there a history of mental illness?
Is there a history of recent losses, trauma, or bullying?
Has your child ever tried to harm themselves before?
Have they ever attempted to kill themselves before?

NASP (2020)

Intervention Plan Checklist

This is a checklist to document interventions taken.

	Provided 24/7 resource numbers
	Connected(ing) with school/community resources
	Called for a 911 wellness check
	Mobilized prosocial support systems
	Identified specific caring adults
	Promoted communication and coping
	Provided treatment referrals

Primary Caregiver Student Safety Plan Includes

	Increased supervision
	Constant supervision (including when they are in the bathroom)
	Restricted access to possible suicide means
	Provided 24/7 resource numbers
	Made immediate treatment referrals
	Mobilized prosocial support system
	Connected with school/community resources
	Arranged transportation
	Called DHS